MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019967

STATE FILE NUMBER

Registration District No. _294_ Primary Registration District No. _3056_ Registrar's No. _136_

DO NOT WRITE ON THIS STUB	**AMENDED**
VS 300 Rev. 4/59	
4897	DATE AMENDED
3880,	
3	
4	0
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11	0
12	1-2
13	1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — INSTEAD OF — SHOULD READ — BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

ITEM NO.

FILED JUN 5 1962

1. PLACE OF DEATH
a. COUNTY _Randolph_
b. CITY OR TOWN _Moberly_ Length of stay in 1b _8 Days_
c. FULL NAME OF (If NOT in hospital give location) HOSPITAL OR INSTITUTION _Community Hospital_ Inside limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE _Mo._ b. COUNTY _Randolph_
c. CITY OR TOWN _Cairo_ Inside Limits Yes ☐ No ☑
d. STREET ADDRESS _RFD #2_ (If outside, give location) Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print)
First _ORBA_ Middle _E._ Last _EDWARDS_

4. DATE OF DEATH Month _May_ Day _29_ Year _1962_

5. SEX _Male_
6. COLOR OR RACE _White_
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH _8-2-94_
9. AGE (last birthday) _67_
IF UNDER 1 YEAR Months / Days — IF UNDER 24 HR Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _Farmer_
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) _Jacksonville Mo_
12. CITIZEN OF WHAT COUNTRY _U.S.A._

13a. FATHER'S NAME _Elcana Edwards_
13b. MOTHER'S MAIDEN NAME _Sarah Jane Creed_
14. NAME OF HUSBAND OR WIFE _None_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _Yes War #?_
16. SOCIAL SECURITY NO.
17. INFORMANT _Donald Edwards Cairo Mo._ Address

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) _Cardiac Failure_
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) _Internal Hemorrhage_
DUE TO (c) _Shock_

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _Jan-1954_ to _May 29-62_ and last saw him alive on _May 29-62_
Death occurred at _12:20 A_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE _I.J. Summed_ (Degree or title) _Do_
22b. ADDRESS _Moberly Mo_
22c. DATE SIGNED _5/31/62_

23a. BURIAL, CREMATION, REMOVAL (Specify) _Burial_
23b. DATE _May-31-1962_
23c. NAME OF CEMETERY OR CREMATORY _Liberty Cemetery_
23d. LOCATION (City, town, or county) _N.E. of Cairo Mo._

24. FUNERAL DIRECTOR _Cater Funeral Home Moberly Mo._ ADDRESS
25. DATE RECD. BY LOCAL REG. _5-31-62_
26. REGISTRAR'S SIGNATURE _Leola Williams_

(Licensed Embalmer's Statement on Reverse Side)

JUN 8 1962

SEP 5 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____   Signed_____ *R. M. Cater*
     Signature of Student Embalmer

Licensed Embalmer No.___ *4117*

P. O. Address *Moberly, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
    If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
    If this body is not embalmed, fact should be so stated above.